



join us

Next Steps for Teens
Vocational Exploration
Program

The Next Steps Vocational Exploration Program developed by ECI combines elements of job readiness training and life skills development to assist high school students in their transition from school into independent adulthood.

Topics include an overview of the college admissions process, resume and cover letter writing, interview skills, money management and more. Students will have an opportunity to assess their skills and interests, talk with recruiters, and develop a personal success plan to guide them through their transition.



Six Sessions

Held on Saturdays

May 4-June 8

11-12:30 p.m. at the

Maricopa Public Library

\$30 registration fee

Questions:

Contact Rocky Brown

(520) 316-6835 or

rocky.brown@maricopa-az.gov



Proud History Prosperous Future

Program Registration Form

Account Main Contact Name - Parent/Legal Guardian

Last Name:		First Name:	
(Circle) Mr. / Ms. / Mrs.	(Circle) Male Female	Home Phone with area code: ()	
Email:		Work Phone with area code: ()	
		<input type="radio"/> City of Maricopa Resident <input type="radio"/> Non-Resident	

Address & Emergency Information

Address:		DOB for parent/guardian (xx/xx/xxxx)	
City	Zip Code	Emergency Contact & Phone	

Activity Registration

Participant Name (one line per person or class)	Age	Class Title	Day/s	Program Fee	Date of Birth (xx/xx/xxxx)	Gender M or F

Signature:

To the extent allowed by law, I hereby absolve the City of Maricopa, its employees, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member of my family attends or registers into; and, in the event that the above participant is a minor, I hereby give my permission for his or her participation as indicated and in doing so absolve the City of Maricopa, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and/or medical condition. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.

A signature is required by each adult participant registering on this form. One parent/guardian may sign for all minors on this account.

Signature _____

Date _____

Return this form to:
City Hall / 45145 W. Madison Ave. / Maricopa, AZ / 85139

